

8

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1				51	
2			1				52	
3				1			53	
4				1			54	
5				1			55	
6				1			56	
7				1			57	
8				1			58	
9			1				59	
10							60	
11				1			61	
12				1			62	
13				1			63	
14				1			64	
15				1			65	
16				1			66	
17			1				67	
18			1				68	
19			1				69	
20				1			70	
21							71	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	5		5				TOTAL IND.	
TOTAL DEP.	20		15				TOTAL DEP.	
TOTAL CLAIMS	25		20				TOTAL CLAIMS	

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